

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department Baltimore.

Permit No. A-471 Office of Registrar of Statistics.

Ward 16^a

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, and to the Registrar of Statistics, within the time specified after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 18/87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfred Surrency

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 6 2 Years, 1 Month, 9 Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Builder

Birth Place, {State or country, and how long in the United States, if of foreign birth.} city

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 648 Bannock St

Cause of Death, {First (Primary), Second (Immediate),} Hypertrophied Heart
Pulmonary Oedema

Duration of Last Sickness, 9 Months

All the above information should be furnished by the Physician.

Place of Burial, Ludon Park Cem.

Date of Burial, June 20th 1887

Undertaker, Wm. J. Turner

Place of Business, 221 S. E. St. Address, 648 Bannock St

Medical Attendant, Wm. D. Black

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department of Baltimore.

Permit No. A 472 Office of Registrar of Vital Statistics. Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 19/89
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edward Ellsworth Reimisch
 Sex, Male or Female, { Cross out the word not required in this line. } Male
 Age, 9 Years, 8 Months, 8 Days.
 Color, white
 Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single
 Occupation, None
 Birth Place, { State or country, and how long in the United States, if of foreign birth. } Italy
 Duration of Residence in the City of Baltimore, 1102 Warren St
 Place of Death, { Give Street and Number. } 1102 Warren St
 Cause of Death, { First (Primary), Second (Immediate), } Diphtheria
Cholera Infantum
 Duration of Last Sickness, 4 Days
 All the above information should be furnished by the Physician.
 Place of Burial, Landon Park Cemetery
 Date of Burial, June 21st 1889
 Undertaker, Ernest Schloppan M. D.
 Place of Business, 1039 Hancock Address, 1039 Hancock

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

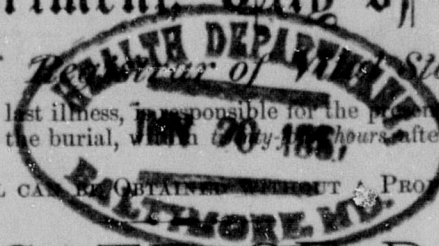
[OVER.]

Health Department, City of Baltimore.

Permit No.

A 473

Office of



Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 17 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

William D. Northen

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

68

Years,

Months,

Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Queen Anne's Co Md

Duration of Residence in the City of Baltimore,

50 yrs

Place of Death, { Give Street and Number. }

107 Hughes st

Cause of Death, { First (Primary), Second (Immediate), }

Cerebral Apoplexy

Duration of Last Sickness,

Two years

All the above information should be furnished by the Physician.

Place of Burial,

Greenmount Cemetery

Date of Burial,

June 20 1887

{ Undertaker,

B. Haile

{ Place of Business,

115 West St.

Address,

106 15th Ave

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No.

A 474

Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within two to four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 18 1887

Full Name of Deceased, John Burns

Sex, Male or Female, Male

Age, 7 Years, 7 Months, Days.

Color, W

Married, Single, Widow or Widower, Single

Occupation,

Birth Place, Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, 45 Williamson St

Cause of Death, Pneumonia

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 20 1887

Undertaker, Bernard Haele

Place of Business, # 115 West St Address, 106 Barnum

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department City of Baltimore.

Permit No.

A 475

Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A DECEASED CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 19th 1889

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents.

Edward Stevens

Sex, Male or Female,

{ Cross out the word not required in this line.

Male

Age,

Years,

19

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line.

Single

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth.

Baltimore

Duration of Residence in the City of Baltimore,

Life

Place of Death,

{ Give Street and Number.

Hurvy & Child's Hospital

Cause of Death,

{ First (Primary),

{ Second (Immediate),

Mal-nutrition

Duration of Last Sickness,

Unknown - In hospital 1 week

All the above information should be furnished by the Physician.

Place of Burial,

Louden Park

Date of Burial,

June 20th

{ Undertaker,

C. H. Blizard

C. F. Brown

M. D.

Medical Attendant.

{ Place of Business,

2610 Pennsylvania Ave

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. **A 476**

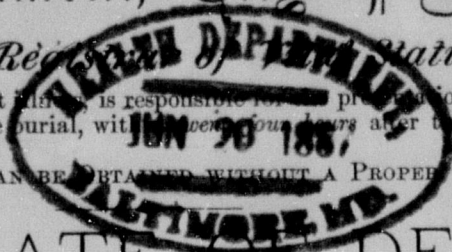
Office of Registrar

Statistics.

Ward **17**

The Physician who attended any person in a last illness is responsible for the preparation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, **June 20 1887**

Full Name of Deceased, **Ellenora Schuman** { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, **Female** { Cross out the word not required in this line. }

Age, **3** Years, _____ Months, _____ Days.

Color, **White**

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } **Baltimore**

Duration of Residence in the City of Baltimore, **Since Birth**

Place of Death, { Give Street and Number. } **506 Fort an**

Cause of Death, { First (Primary), Second (Immediate), } **Scarlet Fever**
Cerebro-Spinal Meningitis

Duration of Last Sickness, **11 days**

All the above information should be furnished by the Physician.

Place of Burial, **Baltimore**

Date of Burial, **June 20 87**

Undertaker, **Amshang & Son**

Place of Business, **N. 263 Light**

Address, **104 Fort an**

D. A. Cooke M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. A 477 Office of Registrar of Vital Statistics.

Ward 14th

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 19, 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Robt. R. Rouzie

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 48 Years, 17 Months, 17 Days

Color, White

Married, Single, Widowed or Widower, { Cross out the words not required in this line. } Single

Occupation, Comm. Merchant

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Pa.

Duration of Residence in the City of Baltimore, 9 yrs

Place of Death, { Give Street and Number. } 1009 Hopkins Ave

Cause of Death, { First (Primary), } Bright's Disease

{ Second (Immediate), } Coma

Duration of Last Sickness, 4 mos

All the above information should be furnished by the Physician.

Place of Burial, Green Co Pa

Date of Burial, June 21 / 87

{ Undertaker, Denny & Mitchell

{ Place of Business, 1201 W. Fayette

J. M. Hensley M. D.
Medical Attendant.

Address, 1002 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

4719 Hensel

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 478 Office of Registrar of Vital Statistics. Ward 8

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 18th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Bridget Weismann

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 53 Years, _____ Months, _____ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 4 years

Place of Death, { Give Street and Number. } 918 Forest St

Cause of Death, { First (Primary), Second (Immediate), } Apoplexy
Exhaustion

Duration of Last Sickness, 48 hours

All the above information should be furnished by the Physician.

Place of Burial, Texas Balto Co Md

Date of Burial, June 20

Undertaker, H. C. Windefield M. D.

Place of Business, 916 Greenm Address, 710 N. Calver St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4720 Transit

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 479 Office of Registrar of Vital Statistics. Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE GRANTED WITHOUT THIS CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 19th 1887 - 11 P.M.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Hodges

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 58 Years, _____ Months, _____ Days

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltic City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 243 W. Preston St.

Cause of Death, { First (Primary), Second (Immediate), } Acute Maria
Exhaustion cerebral effusion

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, June 22/87

Undertaker, C. J. Scoville Claude Van Bibber M. D.

Medical Attendant.

Place of Business, 925 Madison Address, 26 W. Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

Health Department, City of Baltimore.

Permit No.

A 480

Office of Registrar of Vital Statistics.

Ward

6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 19th, 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Johanna M. Gerhard

Sex, Male or Female,

{ Cross out the word not required in this line. }

Female

Age,

Eighteen (18) Years,

Months, Twenty One (21) Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Single

Occupation,

None

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Baltimore, Md.

Duration of Residence in the City of Baltimore,

Life Long ✓

Place of Death,

{ Give Street and Number. }

No. 1752 N. Gay St.

Cause of Death,

{ First (Primary),
Second (Immediate), }

Consumption

Duration of Last Sickness,

Four Weeks

All the above information should be furnished by the Physician.

Place of Burial,

Balto Cemetery

Date of Burial,

June 21st, 1887

Undertaker,

Geo Schilling

Wm H Glendinen, M. D.

Medical Attendant.

Place of Business,

Ashland Square

Address, No. 418 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]